

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003331

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) 3938a McPherson	
3. NAME OF DECEASED (Type or print) Blanche Lily or Lily Blanche Beitman		4. DATE OF DEATH Month January Day 3 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/30/1893
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 1 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mostly laundry work		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) New Burnside, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Peter McMahan		13b. MOTHER'S MAIDEN NAME Lona Sullens	
14. NAME OF HUSBAND OR WIFE John Beitman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Records, State Hosp. No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staphylococcus Septicemia DUE TO (b) Infection of the parotid gland, right since 11-14-61. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.		INTERVAL BETWEEN DEATH AND DEATH Abt. 2 wks.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11:25 P.M. Month, Day, Year August 7, 1961	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 7, 1961 to January 3, 1962 and last saw her alive on January 3, 1962 Death occurred at 11:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John A. Brennan, M.D. (Degree or title)	
22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 1-4-62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 5, 1962	
23c. NAME OF CEMETERY OR CREMATORY New Burnside Cemetery		23d. LOCATION (City, town, or county) (State) New Burnside, Illinois	
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Missouri		25. DATE RECD. BY LOCAL REG. Jan 4, 1962	
26. REGISTRAR'S SIGNATURE Esther Rudloff			

(Licensed Embalmer - Statement on Reverse Side)

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4170

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.